PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000035660

1. Corporation Name

FLORIDA SOD OF THE THE TREASURE COAST, INC.

, 201110.										
Principal Place	e of Business	Mailing Address	Mailing Address							
9245 102ND CO VERO BEACH I		9245 102ND COURT VERO BEACH FL 32967					DO NOT WRITE	IN THIC :	CDACE	
							3. Date Incorporated or Qualifed	IN I IIIS	SPACE	
							04/20/1998			
2. Principal P	lace of Business	2a. Mailing Address	-				4. FEI Number 65-0833996		}	Applied For lot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.								Additional
22	,	27					5. Certifcate of Status Desired	<u> </u>	•	Required
City & Stat	e	City & State					6. Election Campaign Financing]	\$5.00	May Be
23	•	28					Trust Fund Contribution		Addec	I to Fees
Zip	Country	Zip	Cou	ıntry			8. This corporation owes the current	-	_	_
24	25	29	30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent		ļ.,			10. Name and Address of New Reg	stered A	gent	
, MAAII	N, RAVINA M			81	Name		•			
	5 102ND COURT		82 Street			Addres	ss (P.O. Box Number is Not Acceptable)		
VER	O BEACH FL 32967			83						
				84	City				85 Zip	Code
							ration submits this statement for the pur	<u>FL</u>		
agent. I a	m familiar with, and accept the oblig					v beniup	when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D	, DELETE	1.1 TI	TŁE		PRE	ESIDENT 3 T		Change	Addition
NAME	MAIN, RAVINA M		1.2 N	AME		RAL	VINA MICHELLE BARKLEY	٠		\sim
STREET ADDRESS	9245 102ND COURT			1.3 STREET ADDRESS		•			÷	
CITY-ST-ZIP	VERO BEACH FL 32967				4 CITY-ST-ZIP					
TITLE		☐ DELETE	2.1 TI	TLE		V10	CE PRESIDENT		Change	Addition
NAME			2.2 N	AME		MIC	CHAEL LANSING BARKLEY	•		
STREET ADORESS		_	2.3 S	TREET	ADDRESS		45 102nd CT.			~
CITY-ST-ZIP	·		2.40	TY-S	T-ZIP	VE	RO BEACH FL 32967			
TITLE		☐ DELETÉ	3.1 TI	ΠLE			·		Change	Addition
NAME			3.2 N	AME						
STREET ADDRESS	·		3.3 S	TREET	ADDRESS					
CITY-ST-ZIP		1057	3.4. 0	ITY-\$	T-ZIP					
TITLE		☐ DELETE	4.1 TI	TLE					Change	Addition
NAME			4.21	IAME						
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP	,		4.4 C	TY-ST	F-ZIP					
TITLE		☐ DELETE	5.1 TI		ļ				Change	Addition
NAME			5.2 N		}					
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CITY-ST-ZIP				ITY-\$1	T-ZIP					
TITLE		☐ DELETE	6.1 ∏				•		☐ Change	Addition
NAME	<u>, </u>		6.2 N							
STREET ADDRÈSS	· ·		6.3 \$	TREET	ADDRESS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

561-581-0011

Mar 19, 1999 8:00 am Secretary of State

03-19-1999 90010 013 *****8.75

03-19-1999 90010 014 ***150.00